| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 185096 | A. BUILDING _____ B. WING _____ | C 04/02/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GEORGETOWN MANOR | 900 GAGEL AVENUE LOUISVILLE, KY 40216 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X6) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>An abbreviated survey to investigate KY19974 was initiated on 04/01/13 and concluded on 04/02/13. The Division of Health Care substantiated the allegation with deficiencies cited. | F 000 | Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the facts alleged, or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law. The plan of correction constitutes our credible allegation of compliance. | |
| F 282 SS=D | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br><br>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, it was determined the facility failed to follow the plan of care in regards to preventative skin measures for one (1) of the four (4)sampled residents. The facility identified Resident #1 as at risk for pressure ulcer formations. The facility developed a plan of care to prevent pressure ulcer formation that included applying a skin barrier cream after peri-care; however, the staff failed to routinely apply the preventative cream.<br><br>The findings include:<br><br>The facility did not have a specific policy for care plans, instead they utilized the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) process. Review of the Minimum Data Set (MDS) 3.0 Manual, revised November 2012, Chapter 4, page 4-12, revealed | F 282 | F 282<br><br>I. The plan of care for Resident #1 is being followed for preventive skin care. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for application of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams.<br>per their plans of care.<br><br>II. The Director of Nursing reviewed the resident assessments to determine residents with incontinence needs. Residents are receiving barrier cream as per their plans of care. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for applications of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams.<br><br>(continued) | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | Administrator | 4-19-13 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 282 | Continued From page 1<br>the Interdisciplinary Team (IDT) identifies specific, individualized steps or approaches that will be taken to help the resident achieve his or her goals(s). These approaches serve as instructions for resident care and provide for continuity of care by all staff. Precise and concise instructions help staff understand and implement interventions consistently.<br><br>Review of Resident #1's clinical record revealed the facility admitted the resident on 03/17/11 with the following diagnoses: Diabetes; Dementia; Hypertension; Bi-Polar Disorder; Urinary Tract Infection; and Anxiety Disorder. Review of the Care Area Assessment (CAA) for pressure ulcers, dated 11/30/12, revealed the facility would place the resident on a check and change program with peri-care provided using barrier cream as preventative measures. Review of the most recent Quarterly MDS, dated 02/22/13, revealed the facility assessed the resident as having a severe cognition impairment, was always incontinent of bowel and bladder, and required extensive assistance from the staff with bed mobility, transfers, and toilet use. The facility assessed the resident as a high risk for pressure ulcer development related to incontinence and decreased mobility.<br><br>Review of the comprehensive care plan for potential skin breakdown, dated 3/17/11, revealed approaches that included peri-care after each incontinent episode. The skin care plan was revised on 02/13/13 when the resident developed an open area to the right buttock. The record revealed the pressure ulcer was healed on 03/05/13. | F 282 | III. The Staff Development Coordinator will complete a skills validation check in orientation for new hires. The Staff Development Coordinator will complete a skills validation check no less than annually for nursing assistants. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for application of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams.<br><br>IV. The Staff Development Coordinator, Director of Nursing and/or Unit Managers will complete a 10% sampling, to include each shift on barrier cream/peri-care weekly for four weeks, monthly for two months , then quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.<br><br>V. Completion Date: | 4/6/2013 |

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| F 282 | Continued From page 2<br>Review of the most recent physician orders for April 2013, under the general nursing section, revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care and as needed. Review of the Activity of Daily Living (ADL) flowsheet (guidelines and instructions for the CNA to use in caring for each resident) for April 2013, revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care.<br><br>Observation of Certified Nursing Assistants (CNA) #2 and #3 providing peri-care, on 04/02/13 at 1:15 PM, revealed when the CNAs removed the resident's brief, the brief was saturated with urine. Observation of the resident's buttocks and peri-area revealed no barrier cream on those areas. The CNAs completed peri-care with soap and water and applied a clean incontinent brief without the use of any barrier cream.<br><br>Interview with CNA #1, on 04/02/13 at 4:10 PM, revealed she was responsible for Resident #1's care today. She indicated this was her second day out of orientation. She stated she had changed the resident earlier this morning prior to getting her up for the day and she had not applied any barrier cream. She indicated she was not aware Resident #1 had barrier cream available and she was supposed to apply the cream after each incontinent episode. Although she was responsible for the resident today, she had not performed the peri-care that occurred at 1:15 PM, because she was on her lunch break. She reviewed a copy of the assignment sheet, she received at the beginning of her shift, and it did not include instructions to use skin barrier cream for this resident. | F 282 | | |

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| F 282 | Continued From page 3<br><br>Interview with CNA #2, on 04/02/13 at 4:35 PM, revealed she was asked by the North Unit Manager to provide peri-care for Resident #1 after lunch today. She stated she was not assigned to the resident's care today and did not know the resident's care needs. She did not have time to look up the resident's care needs in the ADL book and did not know a skin barrier cream was to be applied after peri-care for this resident. She stated some residents have barrier cream and others do not. She stated she had just come out of orientation yesterday. She revealed she had not applied skin barrier cream to the resident's buttocks after peri-care.<br><br>Interview with the Director of Nursing (DON), on 04/02/13 at approximately 5:35 PM, revealed Resident #1 was at risk for pressure ulcer development related to the risk factors of incontinence, decreased mobility, Diabetes, and the resident recently had a pressure ulcer that healed in March 2013. She stated the facility used barrier cream for all incontinent residents and it was her expectations that staff would apply the cream after peri-care was provided. She stated it was a nursing intervention that was placed on the ADL flowsheet for the nursing assistants to follow. She stated this information was provided in the orientation training of all new nursing assistants. She stated the plan of care was implemented through the CNA flowsheet and she expected staff to follow those preventative measures. | F 282 | | |
| F 314 SS=D | 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that a resident | F 314 | F 314<br><br>( Comments begin next page) | |

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| F 314 | Continued From page 4<br>who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, it was determined the facility failed to provide necessary treatment to prevent development of pressure sores for one (1) of the four (4) sampled residents. The facility identified Resident #1 as a high risk for development of pressure sores related to incontinence of bladder and bowel, dependent with mobility, a diagnosis of Diabetes, and a history of pressure sore development. The facility developed a care plan with nursing interventions to apply barrier cream after incontinent episodes as a preventative measure. However, the facility staff failed to apply the skin barrier cream after incontinent care on 04/02/13.<br><br>Refer to 282<br><br>The findings include:<br><br>The facility did not provide a specific policy in regards to preventing pressure sores. The facility stated they used the Lippincott Manual of Nursing Practice.<br><br>Observation of Resident #1, on 04/02/13 at 8:10 AM, revealed the resident sitting on the side of | F 314 | F 314<br><br>I. Resident #1's skin remains intact and is receiving barrier cream. The surveyor and the wound nurse assessed Resident #1's skin on 4/2/13, and skin was intact and barrier cream was applied. The Director of Nursing assessed the resident's skin on 4/2/13 during a skills validation check and skin was intact and barrier cream was applied.<br><br>II. The Director of Nursing reviewed the resident assessments to determine residents with incontinence needs. Residents are receiving barrier cream as per their plans of care. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for applications of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams.<br><br>III. The Staff Development Coordinator will complete a skills validation check in orientation for new hires. The Staff Development Coordinator will complete a skills validation check no less than annually for nursing assistants. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for application of barrier during peri-care. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use or barrier creams and peri-care. | |

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| F 314 | Continued From page 5<br>the bed with staff dressing the resident's upper body. Continued observation revealed the resident was fed breakfast per Certified Nursing Assistant (CNA) #1 in the resident's room. The resident was assisted from the room to the North nurses' station at 9:20 AM. Continued observation revealed the resident sat in front of the North Unit nurses' station until 10:00 AM when the resident was assisted to a Rosary prayer service held in the main dining room. Observation of the resident at 10:30 AM, revealed the prayer service was over and the resident had been assisted to another part of the dining room. Continuous observation revealed the resident was again taken to a different table in the dining room at 10:45 AM. The resident sat at this particular table during the lunch meal (11:00 AM-1:00 PM). At 1:05 PM the resident was assisted from the dining room to the resident's room by LPN #1. At 1:15 PM observation of peri-care provided by CNAs #2 and #3 was conducted.<br><br>Observation during the peri-care, on 04/02/13 at 1:15 PM, revealed the resident's brief was soaked with urine. In addition, the resident had stool in the brief. Observation of the resident's buttocks and peri-area revealed no barrier cream had been applied to the resident's buttocks/coccyx area. The CNAs completed peri-care with soap and water and applied a clean incontinent brief without the use of any barrier cream.<br><br>Observation during a skin assessment, on 04/02/13 at 3:10 PM, revealed the incontinent brief was wet (not soaked) with no evidence of barrier cream. The nurse then applied barrier cream that was stored in the resident's top | F 314 | IV. The Staff Development Coordinator Director of Nursing and/or Unit Managers will complete a 10% sampling, to include each shift on barrier cream/peri-care weekly for four weeks, monthly for two months, then quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.<br><br>V. Completion Date: | 4/6/2013 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 314 | Continued From page 6<br>drawer of the night stand.<br><br>Interview with the Nurse (LPN #1) after the skin assessment, on 04/02/13 at 3:10 PM, revealed skin barrier cream should always be applied after peri-care. She stated the barrier cream was available for use and the CNA should have applied the cream after each incontinent episode. She stated a pressure ulcer on Resident #1's right buttock had just healed (March 5, 2013) and the resident was at high risk for development of additional pressure ulcers.<br><br>Interview with CNA #3, on 04/02/13 at 3:15 PM, (who was assisting the nurse during the skin assessment and provided peri-care to Resident #1 at 1:15 PM) revealed she was unaware the resident was to have the barrier cream applied after peri-care. She did not know the cream was in the night stand.<br><br>Review of Resident #1's clinical record revealed the resident had lived at the nursing facility since March 2011. Review of the most recent comprehensive Significant Change in Status MDS, dated 11/30/12, revealed the facility assessed the resident as having a severe cognition impairment, was always incontinent of bowel and bladder, and required extensive assistance from the staff with bed mobility, transfers, and toilet use. The facility assessed the resident as a high risk for pressure ulcer development related to incontinence and decreased mobility. Review of the Care Area Assessment (CAA) for pressure ulcers, dated 11/30/12, revealed the facility would place the resident on a check and change program with peri-care provided using barrier cream for | F 314 | | |

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| F 314 | Continued From page 7 | F 314 | | |

preventative measures. Review of the Quarterly MDS, dated 02/22/13, revealed the resident had a existing pressure ulcer at that time and remained at risk for additional pressure ulcer formation.

Continued review of the clinical record revealed the comprehensive care plan for potential skin breakdown, dated 3/17/11, detailed approaches that included peri-care after each incontinent episode. On 02/13/13, a Stage II (measured 1 x 1.2 cm) pressure ulcer was noted on the resident's right buttock The skin care plan was revised on 02/13/13 when the resident developed the open area to the right buttock to include treatment to the area. The record revealed the pressure ulcer was healed on 03/05/13.

Review of the most recent physician orders for April 2013, under the general nursing section, revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care and as needed. Review of the Activity of Daily Living (ADL) flowsheet (guidelines and instructions for the CNA to use in caring for each resident) for April 2013 revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care. Further review of the flowsheet revealed staff did not initial that this had been completed on 04/01/13 or 04/02/13 for the first shift.

Interview with CNA #1, on 04/02/13 at 4:10 PM, revealed today was her second day off orientation and working independently. She stated she did not know Resident #1 had barrier cream available and she was suppose to apply after each incontinent episode. She stated she had changed

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| F 314 | Continued From page 8<br>the resident this morning prior to getting her up for the day and failed to apply the barrier cream. Although she was responsible for the resident today, she did not perform the peri-care that occurred at 1:15 PM, because she was on her lunch break. She reviewed a copy of the assignment sheet, she received at the beginning of her shift, and it did not include instructions to use skin barrier cream for this resident. She stated she was new and still learning.<br><br>Interview with CNA #2, on 04/02/13 at 4:35 PM, revealed she was asked by the North Unit Manager to provide peri-care for Resident #1 after lunch today. She stated she was not assigned to the resident's care today and did not know the resident's care needs. She did not have time to look up the resident's care needs in the ADL book and did not know a skin barrier cream was to be applied after peri-care for this resident. She stated some residents have barrier cream and others do not. She revealed she had just come out of orientation yesterday. She stated she had not applied skin barrier cream to the resident's buttocks after peri-care.<br><br>Interview with the Director of Nursing (DON) with the administrator present, on 04/02/13 at approximately 5:35 PM, revealed Resident #1 was at risk for pressure ulcer development related to the risk factors of incontinence, decreased mobility, Diabetes, and recently had a pressure ulcer that healed in March 2013. She stated the facility used barrier cream for all incontinent residents and it was her expectations that staff would apply the cream after peri-care was provided. She stated it was a nursing intervention that was placed on the ADL flowsheet | F 314 | | |

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| F 314 | Continued From page 9<br>for the nursing assistants to follow. She stated this information was provided in the orientation training of all new nursing assistants. When asked how she ensured the new employees were understanding and following the instructions on the ADL flowsheet, she replied, the Unit Managers are supposed to check the ADL books for completion. However, she stated the Unit Manager did not have time to observe new CNAs perform peri-care for all residents. The administrator stated it appeared there was a breakdown from training received in orientation and actually working on the floor independently. | F 314 | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a | F 441 | F 441<br><br>I. Residents #1 remains free of infection at this time. Resident #1 CBC on 3/4/13, WBC were within normal limits. The Director of Nursing assessed Resident #1 and no signs of symptoms of infection were identified.<br><br>II. The Director of Nursing reviewed the resident assessments to determine residents with incontinence needs. Residents are receiving peri-care per aseptic technique. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for peri-care technique. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff development Coordinator and the Director of Nursing on infection control prevention measures.<br><br>III. The Staff Development Coordinator will complete a skills validation check in orientation for new hires. The Staff Development Coordinator will complete a skills validation<br><br>(continued next page) | |

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| F 441 | Continued From page 10<br>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure their infection control program was implemented in regard to perineal care and handwashing for one (1) of the four (4) sampled residents. (Resident #1) The facility staff failed to remove gloves and wash hands after removing a soiled brief with urine and stool, cleaning stool from the resident, and applying a clean brief. The staff then touch the resident's clothing, bed linens, side rail, and call light with the soiled gloves. In addition, the staff failed to clean the resident's private parts thoroughly. Resident #1 had a history of Urinary Tract Infections.<br><br>The findings include.<br><br>The facility provided information from the Mosby's textbook for Long Term Care Nursing Assistant Manual (Chapter 12-pages 256-259) as their | F 441 | check no less than annually for nursing assistants. The charge nurses, Director of Nursing and Staff Development have been completing observations on each shift for hand washing, glove use and general infection control measures. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on hand washing, glove use and general infection control measures.<br><br>IV. The Staff Development Coordinator, Director of Nursing and/or Unit Managers will complete a 10% sampling, to include each shift on peri-care, hand washing and glove use weekly for four weeks, monthly for two months, then quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.<br><br>V. Completion Date: | 4/6/2013 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 185096 | A. BUILDING _____ B. WING _____ | C 04/02/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GEORGETOWN MANOR | 900 GAGEL AVENUE LOUISVILLE, KY 40216 |

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| F 441 | Continued From page 11 | F 441 | | |

policy for perineal care. Review of these pages revealed the perineum was to be cleaned front to back with soap and water, rinsed, and dried . The staff was instructed to separate the labia of a female resident to clean. Gloves were to be worn and removed after the area was cleaned and before touching bed linens.

Review of the Handwashing policy and procedure, Lippincott Manual of Nursing Practice, Hand Hygiene, page 1081, revealed hands are to be washed after removal of gloves.

Observation of peri-care for Resident #1, on 04/02/13 at 1:15 PM, revealed CNA #2 and CNA #3 put on clean gloves to perform the task. The resident was placed in a Vera II lift (a sit to stand mechanical lift where the resident stands on the lift's platform holding onto the lift's support bar). The resident's soiled brief was removed. The brief was soaked with urine and there was feces in the brief. In addition, the resident was having a bowel movement at that time. The CNAs removed the feces with the soiled brief, cleaned the perineal with soap and water on a wash cloth. CNA #2 was in front of the resident and CNA #3 was behind the resident. Both aides cleaned the resident at the same time. However, the resident's private parts were not spread and cleaned according to the textbook instructions. The staff rinsed the area and placed a clean brief on the resident. The resident was then transferred to the bed using the mechanical lift. CNA #3 did not remove her gloves and wash her hands after cleaning feces from the resident. Instead she touched the resident's clothing, bed linens, draw sheet, and side rail. The CNA then removed her gloves and washed her hands.

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| F 441 | Continued From page 12<br><br>Interview with CNA #3, on 04/02/13 at 1:25 PM, revealed she was not aware she had not changed her gloves after cleaning the feces from Resident #1. She stated she had been trained to remove gloves and wash hands before touching the resident's clothing and bed linens but she was in a hurry and forgot. She revealed she was not assigned to Resident #1 and was only helping CNA #1 because the CNA was at lunch. She stated she thought she had cleaned the resident's private parts.<br><br>Interview with the Staff Development Nurse, on 04/02/13 at 3:45 PM, revealed perineal care was taught in orientation and throughout the year. Review of the orientation packet revealed perineal care (from the Mosby's textbook) was included for both female and male. Review of training records revealed additional training on handwashing and peri-care was conducted on 02/24/12, CNA #1, #2, and #3 were not in attendance. On 08/10/12 the state survey readiness training included peri-care and handwashing and CNA #1, #2, and #3 were not in attendance. The 09/07/12 infection control training that included handwashing revealed CNA #2 was in attendance and the 01/11/13 infection control handwashing revealed CNA #3 was in attendance. Additional training included the 02/08/13 HIV and importance of handwashing revealed CNA #3 was in attendance. The 03/08/13 infection control training revealed CNA #3 was in attendance.<br><br>Continued interview with the Staff Development Nurse revealed CNA #2 had just returned from a six month medical leave. CNA #3 had only been | F 441 | | |

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| F 441 | Continued From page 13<br>here for a few months and CNA #1 was new.<br><br>Interview with the Director of Nursing (DON) and the Administrator, on 04/02/13 at approximately 5:35 PM, revealed all new nursing assistants receive training on proper peri-care and handwashing techniques during orientation and throughout the year. She stated the facility provided frequent training on these topics and could not understand why staff did not understand or perform the procedures correctly. She stated she ensured the new employees understood and followed the training instructions through the Unit Managers, who were supposed to supervise the staff and check the ADL books for completion. However, she stated the unit manager did not have time to observe peri-care for all residents or observe the new nursing assistants performing their tasks. The Administrator stated it appeared there was a breakdown between training received in orientation and actually working on the floor independently. | F 441 | | |

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| N 000 | INITIAL COMMENTS<br><br>A compliant survey was initiated on 04/01/13 and concluded on 04/02/13 to investigate KY19974. The Division of Health Care substantiated the allegation with deficiencies cited. | N 000 | Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the facts alleged, or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law. The plan of correction constitutes our credible allegation of compliance. | |
| N 144 | 902 KAR 20:300-6(7)(b)2.a. Section 6. Quality of Life<br><br>(7) Environment.<br>(b) Infection control and communicable diseases.<br>2. The facility shall establish an infection control program which:<br>a. Investigates, controls and prevents infections in the facility;<br><br>This requirement is not met as evidenced by:<br>Based on observation, interview, record review, and review of the facility's policy, it was determined the facility failed to ensure their infection control program was implemented in regard to perineal care and handwashing for one (1) of the four (4) sampled residents. (Resident #1) The facility staff failed to remove gloves and wash hands after removing a soiled brief with urine and stool, cleaning stool from the resident, and applying a clean brief. The staff then touch the resident's clothing, bed linens, side rail, and call light with the soiled gloves. In addition, the staff failed to clean the resident's private parts thoroughly. Resident #1 had a history of Urinary Tract Infections.<br><br>The findings include.<br><br>The facility provided information from the Mosby's textbook for Long Term Care Nursing Assistant Manual (Chapter 12-pages 256-259) as their policy for perineal care. Review of these pages | N 144 | N 144<br><br>I. Residents #1 remains free of infection at this time. Resident #1 CBC on 3/4/13, WBC were within normal limits. The Director of Nursing assessed Resident #1 and no signs of symptoms of infection were identified.<br><br>II. The Director of Nursing reviewed the resident assessments to determine residents with incontinence needs. Residents are receiving peri-care per aseptic technique. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for peri-care technique. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff development Coordinator and the Director of Nursing on infection control prevention measures.<br><br>III. The Staff Development Coordinator will complete a skills validation check in orientation for new hires. The Staff Development Coordinator will complete a skills validation check no less than annually for nursing<br><br>(continued next page) | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 4-19-13

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| N 144 | Continued From page 1<br>revealed the perineum was to be cleaned front to back with soap and water, rinsed, and dried . The staff was instructed to separate the labia of a female resident to clean. Gloves were to be worn and removed after the area was cleaned and before touching bed linens.<br><br>Review of the Handwashing policy and procedure, Lippincott Manual of Nursing Practice, Hand Hygiene, page 1081, revealed hands are to be washed after removal of gloves.<br><br>Observation of peri-care for Resident #1, on 04/02/13 at 1:15 PM, revealed CNA #2 and CNA #3 put on clean gloves to perform the task. The resident was placed in a Vera II lift (a sit to stand mechanical lift where the resident stands on the lift's platform holding onto the lift's support bar). The resident's soiled brief was removed. The brief was soaked with urine and there was feces in the brief. In addition, the resident was having a bowel movement at that time. The CNAs removed the feces with the soiled brief, cleaned the perineal with soap and water on a wash cloth. CNA #2 was in front of the resident and CNA #3 was behind the resident. Both aides cleaned the resident at the same time. However, the resident's private parts were not spread and cleaned according to the textbook instructions. The staff rinsed the area and placed a clean brief on the resident. The resident was then transferred to the bed using the mechanical lift. CNA #3 did not remove her gloves and wash her hands after cleaning feces from the resident. Instead she touched the resident's clothing, bed linens, draw sheet, and side rail. The CNA then removed her gloves and washed her hands.<br><br>Interview with CNA #3, on 04/02/13 at 1:25 PM, revealed she was not aware she had not changed | N 144 | assistants. The charge nurses, Director of Nursing and Staff Development have been completing observations on each shift for hand washing, glove use and general infection control measures. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on hand washing, glove use and general infection control measures.<br><br>IV. The Staff Development Coordinator, Director of Nursing and/or Unit Managers will complete a 10% sampling, to include each shift on peri-care, hand washing and glove use weekly for four weeks, monthly for two months, then quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.<br><br>V. Completion Date: | 4/6/2013 |

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| N 144 | Continued From page 2<br>her gloves after cleaning the feces from Resident #1. She stated she had been trained to remove gloves and wash hands before touching the resident's clothing and bed linens but she was in a hurry and forgot. She revealed she was not assigned to Resident #1 and was only helping CNA #1 because the CNA was at lunch. She stated she thought she had cleaned the resident's private parts.<br><br>Interview with the Staff Development Nurse, on 04/02/13 at 3:45 PM, revealed perineal care was taught in orientation and throughout the year. Review of the orientation packet revealed perineal care (from the Mosby's textbook) was included for both female and male. Review of training records revealed additional training on handwashing and peri-care was conducted on 02/24/12, CNA #1, #2, and #3 were not in attendance. On 08/10/12 the state survey readiness training included peri-care and handwashing and CNA #1, #2, and #3 were not in attendance. The 09/07/12 infection control training that included handwashing revealed CNA #2 was in attendance and the 01/11/13 infection control handwashing revealed CNA #3 was in attendance. Additional training included the 02/08/13 HIV and importance of handwashing revealed CNA #3 was in attendance. The 03/08/13 infection control training revealed CNA #3 was in attendance.<br><br>Continued interview with the Staff Development Nurse revealed CNA #2 had just returned from a six month medical leave. CNA #3 had only been here for a few months and CNA #1 was new.<br><br>Interview with the Director of Nursing (DON) and the Administrator, on 04/02/13 at approximately 5:35 PM, revealed all new nursing assistants | N 144 | | |

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| N 144 | Continued From page 3<br>receive training on proper peri-care and handwashing techniques during orientation and throughout the year. She stated the facility provided frequent training on these topics and could not understand why staff did not understand or perform the procedures correctly. She stated she ensured the new employees understood and followed the training instructions through the Unit Managers, who were supposed to supervise the staff and check the ADL books for completion. However, she stated the unit manager did not have time to observe peri-care for all residents or observe the new nursing assistants performing their tasks. The Administrator stated it appeared there was a breakdown between training received in orientation and actually working on the floor independently. | N 144 | | |
| N 194 | 902 KAR 20:300-7(4)(c)2. Section 7. Resident Assessment<br><br>(4) Comprehensive care plans.<br>(c) The services provided or arranged by the facility shall:<br>2. Be provided by qualified persons in accordance with each resident's written plan of care.<br><br>This requirement is not met as evidenced by:<br>Based on observation, interview, and record review, it was determined the facility failed to follow the plan of care in regards to preventative skin measures for one (1) of the four (4)sampled residents. The facility identified Resident #1 as at risk for pressure ulcer formations. The facility developed a plan of care to prevent pressure ulcer formation that included applying a skin barrier cream after peri-care; however, the staff failed to routinely apply the preventative cream. | N 194 | N 194<br><br>I. The plan of care for Resident #1 is being followed for preventive skin care. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for application of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams. per their plans of care.<br><br>II. The Director of Nursing reviewed the resident assessments to determine residents with incontinence needs. Residents are receiving barrier cream as per their plans of care.<br><br>(continued next page) | |

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| N 194 | Continued From page 4<br>The findings include:<br><br>The facility did not have a specific policy for care plans, instead they utilized the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) process. Review of the Minimum Data Set (MDS) 3.0 Manual, revised November 2012, Chapter 4, page 4-12, revealed the Interdisciplinary Team (IDT) identifies specific, individualized steps or approaches that will be taken to help the resident achieve his or her goals(s). These approaches serve as instructions for resident care and provide for continuity of care by all staff. Precise and concise instructions help staff understand and implement interventions consistently.<br><br>Review of Resident #1's clinical record revealed the facility admitted the resident on 03/17/11 with the following diagnoses: Diabetes; Dementia; Hypertension; Bi-Polar Disorder; Urinary Tract Infection; and Anxiety Disorder. Review of the Care Area Assessment (CAA) for pressure ulcers, dated 11/30/12, revealed the facility would place the resident on a check and change program with peri-care provided using barrier cream as preventative measures. Review of the most recent Quarterly MDS, dated 02/22/13, revealed the facility assessed the resident as having a severe cognition impairment, was always incontinent of bowel and bladder, and required extensive assistance from the staff with bed mobility, transfers, and toilet use. The facility assessed the resident as a high risk for pressure ulcer development related to incontinence and decreased mobility.<br><br>Review of the comprehensive care plan for potential skin breakdown, dated 3/17/11, revealed approaches that included peri-care after each | N 194 | The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for applications of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams.<br><br>III. The Staff Development Coordinator will complete a skills validation check in orientation for new hires. The Staff Development Coordinator will complete a skills validation check no less than annually for nursing assistants. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for application of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams.<br><br>IV. The Staff Development Coordinator, Director of Nursing and/or Unit Managers will complete a 10% sampling, to include each shift on barrier cream/peri-care weekly for four weeks, monthly for two months , then quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.<br><br>V. Completion Date: | 4/6/2013 |

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| N 194 | Continued From page 5<br>incontinent episode. The skin care plan was revised on 02/13/13 when the resident developed an open area to the right buttock. The record revealed the pressure ulcer was healed on 03/05/13.<br><br>Review of the most recent physician orders for April 2013, under the general nursing section, revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care and as needed. Review of the Activity of Daily Living (ADL) flowsheet (guidelines and instructions for the CNA to use in caring for each resident) for April 2013, revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care.<br><br>Observation of Certified Nursing Assistants (CNA) #2 and #3 providing peri-care, on 04/02/13 at 1:15 PM, revealed when the CNAs removed the resident's brief, the brief was saturated with urine. Observation of the resident's buttocks and peri-area revealed no barrier cream on those areas. The CNAs completed peri-care with soap and water and applied a clean incontinent brief without the use of any barrier cream.<br><br>Interview with CNA #1, on 04/02/13 at 4:10 PM, revealed she was responsible for Resident #1's care today. She indicated this was her second day out of orientation. She stated she had changed the resident earlier this morning prior to getting her up for the day and she had not applied any barrier cream. She indicated she was not aware Resident #1 had barrier cream available and she was supposed to apply the cream after each incontinent episode. Although she was responsible for the resident today, she had not performed the peri-care that occurred at 1:15 PM, because she was on her lunch break. She | N 194 | | |

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| N 194 | Continued From page 6<br>reviewed a copy of the assignment sheet, she received at the beginning of her shift, and it did not include instructions to use skin barrier cream for this resident.<br><br>Interview with CNA #2, on 04/02/13 at 4:35 PM, revealed she was asked by the North Unit Manager to provide peri-care for Resident #1 after lunch today. She stated she was not assigned to the resident's care today and did not know the resident's care needs. She did not have time to look up the resident's care needs in the ADL book and did not know a skin barrier cream was to be applied after peri-care for this resident. She stated some residents have barrier cream and others do not. She stated she had just come out of orientation yesterday. She revealed she had not applied skin barrier cream to the resident's buttocks after peri-care.<br><br>Interview with the Director of Nursing (DON), on 04/02/13 at approximately 5:35 PM, revealed Resident #1 was at risk for pressure ulcer development related to the risk factors of incontinence, decreased mobility, Diabetes, and the resident recently had a pressure ulcer that healed in March 2013. She stated the facility used barrier cream for all incontinent residents and it was her expectations that staff would apply the cream after peri-care was provided. She stated it was a nursing intervention that was placed on the ADL flowsheet for the nursing assistants to follow. She stated this information was provided in the orientation training of all new nursing assistants. She stated the plan of care was implemented through the CNA flowsheet and she expected staff to follow those preventative measures. | N 194 | | |
| N 210 | 902 KAR 20:300-8(3)(a) Section 8. Quality of Care | N 210 | N 210<br>(comments begin next page) | |

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| GEORGETOWN MANOR | 900 GAGEL AVENUE LOUISVILLE, KY 40216 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| N 210 | Continued From page 7<br><br>(3) Pressure sores. Based on the comprehensive assessment of a resident the facility shall ensure that:<br>(a) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and<br><br>This requirement is not met as evidenced by:<br>Based on observation, interview, and record review, it was determined the facility failed to provide necessary treatment to prevent development of pressure sores for one (1) of the four (4) sampled residents. The facility identified Resident #1 as a high risk for development of pressure sores related to incontinence of bladder and bowel, dependent with mobility, a diagnosis of Diabetes, and a history of pressure sore development. The facility developed a care plan with nursing interventions to apply barrier cream after incontinent episodes as a preventative measure. However, the facility staff failed to apply the skin barrier cream after incontinent care on 04/02/13.<br><br>Refer to 282<br><br>The findings include:<br><br>The facility did not provide a specific policy in regards to preventing pressure sores. The facility stated they used the Lippincott Manual of Nursing Practice.<br><br>Observation of Resident #1, on 04/02/13 at 8:10 AM, revealed the resident sitting on the side of the bed with staff dressing the resident's upper body. Continued observation revealed the resident was fed breakfast per Certified Nursing | N 210 | N 210<br><br>I. Resident #1's skin remains intact and is receiving barrier cream. The surveyor and the wound nurse assessed Resident #1's skin on 4/2/13, and skin was intact and barrier cream was applied. The Director of Nursing assessed the resident's skin on 4/2/13 during a skills validation check and skin was intact and barrier cream was applied.<br><br>II. The Director of Nursing reviewed the resident assessments to determine residents with incontinence needs. Residents are receiving barrier cream as per their plans of care. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for applications of barrier cream. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use of barrier creams.<br><br>III. The Staff Development Coordinator will complete a skills validation check in orientation for new hires. The Staff Development Coordinator will complete a skills validation check no less than annually for nursing assistants. The charge nurses, Director of Nursing and Staff Development Coordinator have been completing observations on each shift for application of barrier during peri-care. Nursing staff was re-educated on 4/3/13, 4/4/13 and 4/5/13 by the Staff Development Coordinator and the Director of Nursing on reviewing the plan of care interventions for use or barrier creams and peri-care.<br><br>(continued next page) | |

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| N 210 | Continued From page 8<br>Assistant (CNA) #1 in the resident's room. The resident was assisted from the room to the North nurses' station at 9:20 AM. Continued observation revealed the resident sat in front of the North Unit nurses' station until 10:00 AM when the resident was assisted to a Rosary prayer service held in the main dining room. Observation of the resident at 10:30 AM, revealed the prayer service was over and the resident had been assisted to another part of the dining room. Continuous observation revealed the resident was again taken to a different table in the dining room at 10:45 AM. The resident sat at this particular table during the lunch meal (11:00 AM-1:00 PM). At 1:05 PM the resident was assisted from the dining room to the resident's room by LPN #1. At 1:15 PM observation of peri-care provided by CNAs #2 and #3 was conducted.<br><br>Observation during the peri-care, on 04/02/13 at 1:15 PM, revealed the resident's brief was soaked with urine. In addition, the resident had stool in the brief. Observation of the resident's buttocks and peri-area revealed no barrier cream had been applied to the resident's buttocks/coccyx area. The CNAs completed peri-care with soap and water and applied a clean incontinent brief without the use of any barrier cream.<br><br>Observation during a skin assessment, on 04/02/13 at 3:10 PM, revealed the incontinent brief was wet (not soaked) with no evidence of barrier cream. The nurse then applied barrier cream that was stored in the resident's top drawer of the night stand.<br><br>Interview with the Nurse (LPN #1) after the skin assessment, on 04/02/13 at 3:10 PM, revealed skin barrier cream should always be applied after | N 210 | IV. The Staff Development Coordinator Director of Nursing and/or Unit Managers will complete a 10% sampling, to include each shift on barrier cream/peri-care weekly for four weeks, monthly for two months, then quarterly for three quarters. Results of the audits will be reviewed at the Quality Assurance meetings for revisions as needed.<br><br>V. Completion Date: | 4/6/2013 |

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| N 210 | Continued From page 9<br>peri-care. She stated the barrier cream was available for use and the CNA should have applied the cream after each incontinent episode. She stated a pressure ulcer on Resident #1's right buttock had just healed (March 5, 2013) and the resident was at high risk for development of additional pressure ulcers.<br><br>Interview with CNA #3, on 04/02/13 at 3:15 PM, (who was assisting the nurse during the skin assessment and provided peri-care to Resident #1 at 1:15 PM) revealed she was unaware the resident was to have the barrier cream applied after peri-care. She did not know the cream was in the night stand.<br><br>Review of Resident #1's clinical record revealed the resident had lived at the nursing facility since March 2011. Review of the most recent comprehensive Significant Change in Status MDS, dated 11/30/12, revealed the facility assessed the resident as having a severe cognition impairment, was always incontinent of bowel and bladder, and required extensive assistance from the staff with bed mobility, transfers, and toilet use. The facility assessed the resident as a high risk for pressure ulcer development related to incontinence and decreased mobility. Review of the Care Area Assessment (CAA) for pressure ulcers, dated 11/30/12, revealed the facility would place the resident on a check and change program with peri-care provided using barrier cream for preventative measures. Review of the Quarterly MDS, dated 02/22/13, revealed the resident had a existing pressure ulcer at that time and remained at risk for additional pressure ulcer formation.<br><br>Continued review of the clinical record revealed the comprehensive care plan for potential skin | N 210 | | |

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| N 210 | Continued From page 10<br>breakdown, dated 3/17/11, detailed approaches that included peri-care after each incontinent episode. On 02/13/13, a Stage II (measured 1 x 1.2 cm) pressure ulcer was noted on the resident's right buttock The skin care plan was revised on 02/13/13 when the resident developed the open area to the right buttock to include treatment to the area. The record revealed the pressure ulcer was healed on 03/05/13.<br><br>Review of the most recent physician orders for April 2013, under the general nursing section, revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care and as needed. Review of the Activity of Daily Living (ADL) flowsheet (guidelines and instructions for the CNA to use in caring for each resident) for April 2013 revealed instructions to use barrier cream of the facility's choice for preventive skin care with peri-care. Further review of the flowsheet revealed staff did not initial that this had been completed on 04/01/13 or 04/02/13 for the first shift.<br><br>Interview with CNA #1, on 04/02/13 at 4:10 PM, revealed today was her second day off orientation and working independently. She stated she did not know Resident #1 had barrier cream available and she was suppose to apply after each incontinent episode. She stated she had changed the resident this morning prior to getting her up for the day and failed to apply the barrier cream. Although she was responsible for the resident today, she did not perform the peri-care that occurred at 1:15 PM, because she was on her lunch break. She reviewed a copy of the assignment sheet, she received at the beginning of her shift, and it did not include instructions to use skin barrier cream for this resident. She | N 210 | | |

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| N 210 | Continued From page 11<br>stated she was new and still learning.<br><br>Interview with CNA #2, on 04/02/13 at 4:35 PM, revealed she was asked by the North Unit Manager to provide peri-care for Resident #1 after lunch today. She stated she was not assigned to the resident's care today and did not know the resident's care needs. She did not have time to look up the resident's care needs in the ADL book and did not know a skin barrier cream was to be applied after peri-care for this resident. She stated some residents have barrier cream and others do not. She revealed she had just come out of orientation yesterday. She stated she had not applied skin barrier cream to the resident's buttocks after peri-care.<br><br>Interview with the Director of Nursing (DON) with the administrator present, on 04/02/13 at approximately 5:35 PM, revealed Resident #1 was at risk for pressure ulcer development related to the risk factors of incontinence, decreased mobility, Diabetes, and recently had a pressure ulcer that healed in March 2013. She stated the facility used barrier cream for all incontinent residents and it was her expectations that staff would apply the cream after peri-care was provided. She stated it was a nursing intervention that was placed on the ADL flowsheet for the nursing assistants to follow. She stated this information was provided in the orientation training of all new nursing assistants. When asked how she ensured the new employees were understanding and following the instructions on the ADL flowsheet, she replied, the Unit Managers are supposed to check the ADL books for completion. However, she stated the Unit Manager did not have time to observe new CNAs perform peri-care for all residents. The administrator stated it appeared there was a | N 210 | | |

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| N 210 | Continued From page 12<br>breakdown from training received in orientation and actually working on the floor independently. | N 210 | | |